

FILED NOV 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35587

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 303

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Hours
(Specify whether
In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME ANNIE NOWELL

3. (b) If veteran, None name war
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. B. Nowell
6. (c) Age of husband or wife if alive 8 - 14 - 1860 years
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 9
If less than one day
hr. min.

9. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Benjamin Anderson
13. Birthplace Orange County Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Westlake
15. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant W.B. Nowell Jr.

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 11-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Carver Funeral Service

(b) Address Columbia, Mo.

19. (a) Nov. 26 1948 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1425 Paris Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1948 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov. 11 to Nov. 23, 1948
that I last saw him alive on Nov. 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Due to following
very bad
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (c) Means of injury

23. Signature R. E. Palmer (M. D. or other)
Address Carver Funeral Service Date signed 11/26/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
NOV 29 1948

JAN 3 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Tom. M. Harg

Licensed Embalmer No. 74067

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.